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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
10/768,996	01/30/2004	Suresh C. Srivastava	CHMG-10

SURESH C. SRIVASTAVA, Ph.D.
CHEMGENES CORPORATION
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WILMINGTON, MA 01887

CONFIRMATION NO. 4523



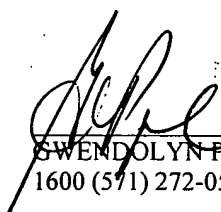
OC000000016763436

Date Mailed: 08/12/2005

NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 06/27/2005.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.


SWENDOLYN PAYNE
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10/768,996	01/30/2004	Suresh C. Srivastava	CHMG-10

35793
INNA S. LANDSMAN
7 GORDON RD.
ARLINGTON, MA 02474

CONFIRMATION NO. 4523



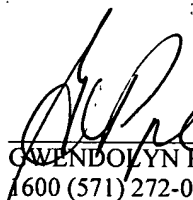
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Date Mailed: 08/12/2005

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PTO/SB/63 (04-05)

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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS

Application Number	10/768,996
Filing Date	January 30, 2004
First Named Inventor	Srivastava
Art Unit	1632
Examiner Name	Not known
Attorney Docket Number	CHMG-10

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number **35793**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.


The reasons for this request are:

The petitioner's client has failed to pay one or more bills rendered by the practitioner for an unreasonable period of time. This request is made pursuant to 37 C.F.R. 10.40(c)(vi).

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☐ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Suresh C. Srivastava, Ph.D.				
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Country	USA				
Telephone	978-694-4503			Email	suresh@chemgenes.com
Signature					
Name	Inna Landsman			Registration No.	44337
Date	6/27/05			Telephone No.	781-648-0375

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TRANSMITTAL FORM	Application Number	10/768,996	
	Filing Date	January 30, 2004	
	First Named Inventor	Srivastava	
	Art Unit	1632	
	Examiner Name	Not Known	
(to be used for all correspondence after initial filing)		Attorney Docket Number	CHMG-10
Total Number of Pages in This Submission		2	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent and Change of Correspondence Address

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Inna Shtivelband Landsman, P.C.		
Signature	<i>Inna Landsman</i>		
Printed name	Inna Landsman		
Date	6/27/05	Reg. No.	44337

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	<i>Inna Landsman</i>		
Typed or printed name	Inna Landsman	Date	6/27/05

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